Please type a plus sign (+) inside this box					
UTILITY	Attorney Docket No. END 5210				
PATENT APPLICATION TRANSMITTAL	First Inventor: Michael Clem et al. Title: ENDOSCOPIC MUCOSAL RESECTION DEVICE WITH CONDUCTIVE TISSUE STOP I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Postal Service as Express Mail – Post Office to Addressee in Application, PO Box 1450, Alexandria, VA 22313 Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 2003				
	Name: Dis	Linda F. Hansen			
(only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Labo	el No. ER 554 935 977 US ADDRESSED TO:			
APPLICATION ELEMENTS	Stonto	Commissioner For Patents MS Patent Application			
See MPEP Chapter 600 concerning utility patent ap	pplication contents.	PO Box 1450			
1. Fee Transmittal Form (e.g., PTO/SB/17 (submit an original and a duplicate for fee 2. Applicant claims small entity status.) e processing)	Alexandria, VA 22313-1430 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence			
3. Specification [Total Pages 2] (Preferred arrangement set forth below) - Descriptive Title of the Invention - Cross Reference to Related Applications and Pages 2	ions d R&D	Submission (if applicable, all flecessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or			
- Reference to sequence issuing, a decomputer program listing appendix - Background of the Invention	,	c. Statement verifying identity of above copies			
- Brief Description of the Drawings (# - Detailed Description - Claim(s) - Abstract of the Disclosure		9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations			
 4. ☑ Drawing(s)(35 USC 113) [Tot 5. ☑ Oath or Declaration [Tot a. ☑ Newly executed (original or one b. ☐ Copy from a prior application (for continuation/divisional with Exercise) 	copy)	13. ☐ Preliminary Amendment 14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) (Should be Specifically itemized)			
i. DELETION OF INVENT Signed statement attach inventor(s) named in the see 37 CFR 1.63(d)(2) a	prior application	35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form			
6. Application Data Sheet. Se 18. If a CONTINUING APPLICATION, characteristic preliminary amendment, or in an Accordance Continuation Divisional Continuation information: Example 2015	e 37 CFR 1.76 neck appropriate be pplication Data Sh ontinuation-in-Pa miner PPS only: The er considered a part or reference. The	ex and supply the requisite information below and in a			
19. CORRESPONDENCE ADDRESS Customer Number or Bar Code L Name: Philip S. Johnson, E	abel 00002777 sq. One Johnson &	Johnson Plaza			
New Brunswick, NJ 20. TELEPHONE CONTACT: Ge	erry S. Gressel	ephone: (513) 337-3535			
Please direct all telephone calls 21. SIGNATURE OF APPLICANT,	ATTORNEY, OR	AGENT REQUIRED			
NAME Gerry S. Gress		Reg. No. 34,342			
SIGNATURE 12	2nd	9/29/U3 September 39,2003			



FEE TRANSMITTAL

	Complete if Known
Application Number	
Filing Date	September 29, 2003
First Named Inventor	Michael Clem et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	END-5210

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER	FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 750.00
TOTAL CLAIMS	17	=	0	x 18.00	\$ 00.00
INDEPENDENT CLAIMS	2	=	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 -	=	N/A	X 280.00	
<u> </u>				TOTAL FEES	\$750.00

METHOD OF PAYMENT

- ☑ Please charge Deposit Account No. 10-0750END-5210/GSG in the amount of \$750.00.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-5210/GSG.

SUBMITTED B	Y:	Complete (if applicable)
Typed or Printed Name	Gerry S. Gressel	Reg. No. 34,342
Signature	Date: September 19, 2003	Deposit Account No. 10-0750